

Exhibit E

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| UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u> | | PROOF OF CLAIM |
| Name of Debtor <u>Delphi Automotive Systems LLC</u> | | Case Number <u>05-44640</u> |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of this case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Alcoa Extrusions, Inc.</u> | | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent: <u>Paul Kopatch</u> <u>Alcoa</u> <u>8550 W Bryn Mawr Ave, 10th Floor</u> <u>Chicago IL 60631</u> Telephone number: <u>773 380 7087</u> | | |
| Account or other number by which creditor identifies debtor: <u>328910</u> | | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____ |
| 1. Basis for Claim <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div> </div> </div> | | |
| 2. Date debt was incurred: <u>Pre Petition</u> | | 3. If court judgment, date obtained: <u>N/A</u> |
| 4. Total Amount of Claim at Time Case Filed: \$ <u>77,872.57</u> <div style="display: flex; justify-content: space-around; font-size: small;"> (unsecured) (secured) (priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | |
| 5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____ | | 7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> |
| 6. Unsecured Nonpriority Claim \$ <u>77,872.57</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. | | |
| 8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim | | THIS SPACE IS FOR COURT USE ONLY |
| Date <u>7/27/2006</u> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>PAUL KOPATCH GROUPLEADIT MGR</u> | | |

Alcoa Extrusions Inc.

Proof of Claim Summary

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|---|---------------------|--|--|--|--|--|--|--|
| Sold to: Delphi Auto Systems PO BOX 1550 Flint MI | | | | | | | | |
| based on information provided by Delphi, we understand to be an operating division of Delphi Automotive Systems, LLC, a Delaware limited liability company. | | | | | | | | |
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| Item No | Amount Due | | | | | | | |
| 31143088 | \$ 20,328.62 | | | | | | | |
| 31142070 | \$ 8,254.63 | | | | | | | |
| 31139608 | \$ 13,381.65 | | | | | | | |
| 31139609 | \$ 2,447.53 | | | | | | | |
| 31132665 | \$ 17,375.09 | | | | | | | |
| 31129799 | \$ 12,927.92 | | | | | | | |
| 31129798 | \$ 336.74 | | | | | | | |
| 31129250 | \$ 1,409.53 | | | | | | | |
| 31128971 | \$ 1,410.86 | | | | | | | |
| Total | \$ 77,872.57 | | | | | | | |